

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90004 039 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J42493 1. Corporation Name KATHY'S TOURS, INC.			
Principal Place of Business 4169 LAMSON AVE STE. 111 SPRINGHILL FL 34608 US		Mailing Address 4169 LAMSON AVENUE SUITE 111 SPRINGHILL FL 34608 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 11/17/1986	
21 4169 Lamson Avenue		4. FEI Number 59-2769809	
22 Ste 107		Applied For Not Applicable	
23 Spring Hill, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34608 25 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26 Suite, Apt. #, etc.		7. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27 City & State		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
28 City & State		9. Name and Address of Current Registered Agent	
29 Zip		10. Name and Address of New Registered Agent	
30 Country		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE D		1.1 TITLE President & Secretary	
NAME LAROCCO, KATHERINE P.		1.2 NAME Patricia Crossley	
STREET ADDRESS 5267 PALISADE DR.		1.3 STREET ADDRESS 4169 Lamson	
CITY-ST-ZIP SPRINGHILL FL		1.4 CITY-ST-ZIP Ave-Spring Hill - Fl. (34608)	
TITLE V		2.1 TITLE VP & Treasurer	
NAME LAROCCO, ROBERT		2.2 NAME Jackie Forgit	
STREET ADDRESS 5267 PALISADE DR.		2.3 STREET ADDRESS 335 MALCOLM AVE	
CITY-ST-ZIP SPRINGHILL FL		2.4 CITY-ST-ZIP Spring Hill - Fl. (34606)	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Katherine Harris</i> 9/13/99 352-686-4753			

CR2E034 (5/99)